



# What makes an effective Work Based Mentor in Allied Health Professions: Perceptions and expectations

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# Executive Summary

## Background

Degree apprenticeships for the Allied Health Professions (AHP) are a relatively new concept. Consequently there is very little published literature relating to them and none that specifically focusses on the work based mentors (WBM) supporting AHP apprentices.

This cross-AHP project offered a unique opportunity to explore the perceptions and expectations of WBM, as well as exploring what makes a good mentor and the required attributes.

## Aims and Methods

The aim of the project was to explore the perceptions and expectations of WBM in supporting degree apprentices.

This report focusses on an initial stage of a planned wider study and included qualitative data collection through semi-structured interviews with two AHP groups' WBM: physiotherapy and occupational therapy. Purposive sampling was used and thematic analysis to highlight common themes.

## Findings

Three overarching themes emerged around the benefits for the mentor:

- › the apprentice and wider community,
- › challenges associated with preparedness for the role and time to undertake it,
- › and enablers of the role including professional skills and knowledge and personal attributes.

Each included sub-themes and highlighted areas for transferable learning across health degree apprenticeship training routes. The participants in this study were resoundingly positive about the role and the benefits it brings for the apprentice, mentor and wider communities. Key skills and attributes that were identified as beneficial to the role included being open, honest, person-centred, nurturing, supportive, patient and an advocate. The WBM in this study indicated it was less about the mentor being clinically competent but in being able to seek and facilitate learning opportunities for the apprentices. They also recognised the reciprocative value of team approaches to supporting apprentices, rather than it being one person's sole understanding and responsibility.

## Recommendations

The recommendations are centred around enhancing the apprentice, employer, mentor and ultimately, the patient experience and are outlined in full below. Earlier support and training may be required for WBM to provide them with a deeper understanding of the roles and responsibilities of a WBM and apprenticeships. There also should be recognition that this may change over time depending on the relationship and the learner's needs. Learning from this project is transferable to wider apprenticeships and to inform national degree apprenticeship developments and mentor training and resource development.

# 1. Introduction

## 1.1 Background

Since degree apprenticeships for Allied Health Professions (AHP) are a relatively new concept, the experience of each development stage should be captured, built upon and learnt from.

The AHP apprenticeship research group identified a knowledge gap in the underpinning knowledge base relating to apprenticeships. We are contributing to the research focussing on employers and apprentices but there is no previous research relating to the work based mentors (WBM) for AHP apprentices.

A WBM is someone who provides a support system for an apprentice. The role is multifactorial and includes aspects such as sharing knowledge and experience, provide advice, support, guidance and feedback, celebrate success and identify development opportunities (HM Government 2023). A WBM differs from the traditional clinical educator or academic mentor role, which typically focus on the assessment of competencies, with the WBM role actively facilitating the apprentice to develop the knowledge, skills and behaviours needed for achievement of the apprenticeship standards (IfATE, 2023b). However, what remains unclear is what makes an effective WBM. This research adds to the underpinning body of knowledge helping to define this.

This cross-AHP project exploring 'What makes an effective mentor?' included an exploration of the perceptions and experiences from a work-based mentor view (phases 1-3) with phase 1 consisting of collaboration between Sheffield and the Edge Foundation, with seed funding from the Edge Foundation. Further phases (4 and 5) of the project are proposed which will explore the same question but from an Apprenticeship coach, employer and apprentice perspective.

## 1.2 Introduction

Since degree apprenticeships for Allied Health Professions (AHP) are a relatively new concept, the experience of each development stage should be captured, built upon and learnt from.

Modern Apprenticeships across industry were established from 1994, and in some areas have become well established (Keep et al., 2024). Apprentices have been embedded into the National Health Service (NHS) for many years, supported by Health Education England (HEE, 2017). The impetus to increase the number of degree apprentices at levels 4-6 employed in the NHS in AHP gained momentum following the announcement in 2015 of the planned introduction of the Government Levy in 2017 (Rosser, 2017). This employer 'tax' means that the NHS is one of the largest Levy paying organisations in England. In order to draw monies back down from the Levy, they must employ apprentices. However, there remains very little published literature relating to apprenticeships in AHP, and even less relating to apprentices themselves and the WBM that support them.

From the small amount of evidence available, the benefits of employing apprentices are multifactorial and include widening participation (Green and Heales 2020, Sevens and Nightingale 2020a) and increased workforce retention. Apprentices are more likely to become settled and loyal to the training/employing organisation, especially in smaller departments (Welbourn, Devins and Reynolds 2019). This sense of belonging is partly reliant on having appropriately trained clinical mentors to support the apprentice training (Nirodi, El-Sayeh and Henfrey, 2018). This remains a concern for AHP (Sevens and Nightingale, 2020a).

This research considers the perceptions and expectations of WBM as well as exploring what makes a good mentor and the required attributes. The benefits and challenges associated with the role of supporting degree apprentices have also been highlighted. The findings from the study informed the recommendations, to ultimately enhance the apprentice, employer, mentor and patient experience, allowing a seamless transition of apprenticeships into the existing workforce. The learning from this research is transferable and useful to inform national degree apprenticeship developments.

### 1.3 Literature Review

A positive learning experience for degree apprentices is dependent on all stakeholders being involved in shaping the education, including WBM. The role of a WBM is expansive, encompassing pastoral and wellbeing support as well as personal and professional development through goal setting and problem solving, for example (HM Government 2023; IfATE, 2023b; Roberts, 2019). They are identified as a crucial role, providing opportunities for networking and stakeholder collaborations (HM Government, 2023; IfATE, 2023b, Roberts, 2019) as well as career development, celebrating successes especially where visions are transformed into action (HM Government 2023; IfATE, 2023b; Turner, 2004; Hirst, Short and Rinne, 2014).

Developing a mentoring relationship has been described as having different stages: rapport building, setting goals and creating purpose, to building confidence and exploring development needs (NIHCR 2021). Furthermore, when the mentorship ends, it may change to a different type of relationship, such as friendship (NIHCR 2021).

The Institute for Apprenticeships and Technical Education (IfATE, 2023a), recognising the importance of the mentor, developed an occupational apprenticeships standard specifically for the learning and skills mentor in 2022. IfATE (2023a) describe a learning and skills mentor as someone who typically works in an environment where they are the knowledgeable other working within ethical and legal frameworks. A commitment to ongoing professional development and reflective practice are seen as essential to the mentor role although it is unclear whether this is an expectation or requirement for the AHPs (IfATE, 2023a).

However, despite this rapid growth in AHP apprenticeships, challenges remain for employers in how to maximise support for apprentices in the workplace (Rowe et al, 2017). There is heavy reliance on complex levels of collaboration between education providers and employers to ensure mentors are equipped to provide effective support for learning 'on the job'. For this to be effective, a sound understanding of the link between training providers and practice is needed which Quew-Jones and Rowe (2022) identified as a potential disconnect.

The pivotal role of mentors in apprentice and apprenticeship success is well documented, ensuring the apprentice settles into their role quickly and thrives in the workplace (HM Government, 2023). Effective mentoring within degree apprenticeships (DAs) supports the apprentice in developing their professional persona through the acquisition and refinement of knowledge, skills and behaviours (Rowe et al, 2017; Roberts, 2019). Formally supported, employer-led mentoring has also been found to critically enhance the development of professional skills in the workplace (Metso and Kianto, 2014) demonstrating a clear indicator of effective mentoring practice (Roberts, 2019). A committed role model mentor or coach can increase goal attainment, improve resilience, workplace well-being and potentially help to cope with organisational uncertainty and change (Grant, 2009). Similarities can be seen in the Nursing and Midwifery Council standards defining supervisors (Power and Wilson, 2019). This can be invaluable in contributing to the achievement of organisational strategic goals through effective talent management (Parsloe and Wray, 2000).

Pegg (2000) cited in Open University (no date) advocated a structure for mentoring sessions which he described as the '5 C's of mentoring'; challenge, choices, consequences, creative solutions and conclusion. Firstly, the *challenge* or goal is outlined followed by a discussion of the choices or opportunities and the *consequences*, or pros and cons of each. *Creative solutions* are explored by reflecting on previous experiences before a *conclusion* is arrived at culminating in an action plan (Pegg 2000). The conversational style of pushing and pulling can be aligned to motivational interviewing as one helps a person to explore their motivators and goals (Miller and Rollnick 2012).

The recognition for the value of mentoring is clearly increasing, however, there remains a lack of clarity over what is actually meant by the term mentoring (Hirst, Short and Rinne, 2014). Comparisons are often made to managing, supervising and coaching and the separation from the support offered by line managers, training providers and assessors remains unclear. This is perhaps not surprising when we consider the essential role a supportive enabler plays for apprentices in contributing towards and influencing objectives and integrating curricula and workplace which is clearly aligned to that of line managers (Rajan-Rankin, 2013).

However, Machin, 2010 suggests the relationship between mentor and mentee is of crucial importance, with trust and the level of ability to relate to the other a key determinant of success. Mutual respect and joint learning should be an ideal way to form this relationship, with consideration of the organisational context (Roberts, 2019). With this in mind, apprentices should be given a mentor that could be separate from their line manager. What is important is that they encourage the apprentice to challenge themselves and grow personally and professionally rather than primarily focussed on service delivery (Institute for Apprenticeships and Technical Education, 2022).

Despite the key role the WBM plays in the tripartite relationships between themselves, apprentice and universities (Francis et al, 2016), there is a paucity of guidance from universities to support WBM. Where guidance is provided, it is often limited and focused on theirs and employers' responsibilities rather than strategies to improve the impact of the role (Quew-Jones and Rowe, 2022). Furthermore, there remains a dearth of information relating to the education, training and resourcing of this key role (Quew-Jones and Rowe, 2022).

In an attempt to dispel some of the obscurity of the role of the WBM, universities have introduced apprenticeship coaches to support the apprentice and the mentor. Apprenticeship coaches do not necessarily have the profession-specific knowledge or qualifications of the apprentice and mentor they are supporting. Their role is distinct and different to that of the WBM. Coaches' expertise lies in facilitating transition and transformation (IfATE, 2022). They are experts in coaching rather than the profession. Conversely, the mentor is typically of the same professional area as the apprentice (Roberts, 2019) with an understanding of the professional occupational standard that the apprentice is working towards and supporting them to achieve the knowledge, skills and behaviours to achieve professional registration. WBM are developing the apprentice to become recognised as a specific professional and 'one of their own' which, Roberts (2019) suggests can be achieved through five interconnected domains (figure 1).

Figure 1. A model for mentoring degree apprenticeships



It is important to acknowledge that the mentor role is different to the traditional practice educator role despite there being no definitive differentiation (Jowett and McMullan, 2007). The main contrast appears to be related to practice educators being responsible for supervising and assessing clinical competency, rather than focusing on overall professional progression and development. The roles are further blurred as the same individual may undertake dual roles acting as both mentor and practice or clinical educator and/or supervisor (Meyer et al 2019).

The fluidity of boundaries between mentoring and clinical supervision is further exemplified in the field of physiotherapy. In this context, a clinical supervisor is defined as a physiotherapist responsible for facilitating students' learning during clinical education. This role entails the ability to provide constructive feedback. (Selberg et al 2022). Clinical supervision is a joint process in which a more experienced supervisor helps a practitioner to gain a further understanding of the wider context in which care is delivered (Grainger 2022), such as exploring a problem list, planning an intervention or reflection on events; similar to the roles aforementioned aligned to mentors. This integration of theory and practice has a vital role in developing students' clinical reasoning abilities and the quality of the relationship between the supervisor and the student is the principal factor in achieving effective supervision (Selberg et al 2022). However, this does vary between countries with clinical reasoning being supported by supervisors in the United Kingdom versus in South Africa where the focus is towards attaining competence (Voges and Fratz, 2019).

Furthermore, continuing professional development is seen as an essential component of clinical supervision to equip mentors and supervisors to support learner wellbeing and development (CQC, 2013; Selberg et al, 2022).

Quew-Jones and Rowe (2022) developed a toolkit to in an attempt to clarify the WBM role and strengthen relationships after identifying inconsistent approaches and lack of WBM support. They envisaged a new hybrid coach/mentor role for the negotiation of learning through tasks whilst stretching apprentices to reach challenging skills and behavioural standards.

There is currently very little literature found exploring the role, characteristics and attributes of the work-based mentor within allied health profession apprenticeships. However, other areas such as industry, technology and business as well as those focussing on practice educators or clinical supervisors offered transferrable learning around what makes an effective mentor.

The characteristic of an ideal practice educator within AHP in Australia have been described by Francis et al (2016) as having good feedback skills, being non-judgemental, professionalism, clarity and listening skills. The emergent themes included:

**Figure 2: Australian AHP Practice Educator characteristics**

Interpersonal qualities	Clinical skills	Quality feedback
<ul style="list-style-type: none"><li>&gt; approachable</li><li>&gt; respectful</li></ul>	<ul style="list-style-type: none"><li>&gt; enthusiastic</li><li>&gt; knowledgeable</li></ul>	<ul style="list-style-type: none"><li>&gt; constructive</li><li>&gt; timely</li><li>&gt; sensitive</li></ul>

Caution is needed here though as this study focussed on the practice educators' views and not employers or learners.

Cross (1995) did explore the perceptions of clinicians and students as to what made a good clinical educator in physiotherapy. There was agreement between the two groups on them holding knowledge of the learning process, good patient care, being self-aware, self-confident, enthusiastic, approachable and a good communicator. Being a role model became less important as the student progressed and having good interpersonal skills was more important to the students than professional skills. They concluded that being a good clinician did not always translate to being a good educator and advocated the need for practice educator accreditation to ensure quality assurance. This is an area for further evaluation as in the UK the practice educator role is not accredited by all AHP professional and regulatory bodies.

Bailey et al. (2016) in their study of undergraduate psychology students in America also found that interpersonal skills rated highly for effective mentoring as well as ethical integrity and having clear expectations about the mentoring relationship.

Different models for effective mentoring have been described with recognition that having time to undertake the role is vital (HM Government, 2023; Quew-Jones and Rowe, 2022). Some studies focus on the more practical aspects of mentoring for example, utilising mentor models, tools and techniques, setting expectations, planning, conducting and monitoring progression and offering advice within professional boundaries (IfATE, 2023b). Other studies in veterinary medicine advocate the model of mentoring such as emulating experienced

practitioners with the mentor guiding and helping to make sense of the experience (West, 2016). Howlett et al. (2022) concur with this view describing mentoring within AHP as a knowledge translation strategy to inform practice, although one could argue that this is already well embedded in degree apprenticeships through the work based learning and academic synergies.

In summary, it is evident from the literature that the role of mentor is important in supporting development and progression of apprentices. Whilst there are multiple suggestions about what the role of a mentor is, there are no clear frameworks or guidance on what this role entails, specifically for apprenticeships within AHP.

There are some clear differences between mentors, coaches and practice educators within the literature although the characteristics and attributes as to what makes the role effective are common. Clarity on the roles needs to be defined for apprenticeships and a clear understanding in terms of what makes an effective AHP apprentice WBM. Understanding what makes an effective WBM will help improve consistency in practice and quality to this vital role. This research therefore sought to firstly, gather data on WBM in AHP to explore their perceptions and expectations of this relatively new role. Secondly, it sought to identify improvements and recommendations for the challenges and barriers they experienced.

## 2. Design And Methods

### 2.1 Aims

This study aims to explore the perceptions and expectations of WBM supporting degree apprentices. This will highlight areas for improvement and sharing across health degree apprenticeship training routes.

### 2.2 Research questions

#### Primary research question

What are WBM perceptions and expectations of the role?

#### Secondary research questions

- Do WBM feel sufficiently prepared for the role?
- What knowledge do WBMs possess related to degree apprenticeships?
- What are the perceived challenges and barriers of the role?
- What are the perceived benefits of the role?
- What, if anything, would need to change to enhance the role?
- What, if anything, would need to change to enhance the apprentices' experience of the role?
- What attributes are important to the role?
- What recommendations can be made to facilitate the role for other health related degree apprentices?

### 2.3 Study design

To address the research questions, a qualitative approach has been selected which aligns with the principles of Descriptive Qualitative Research. According to Bradshaw et al (2017), qualitative descriptive research studies seek to explore and understand a little-known process or phenomenon, or the perspectives of those involved, *'providing a rich description of the experience depicted in easily understood language'* (p3).

The research study will consist of five phases with opportunities to support research development for early career researchers. This report focusses on phase 1 which is supported by The Edge Foundation.

Phase 1 included data collection and analysis with a semi-structured interview schedule of 2 AHP groups' WBM; physiotherapy and occupational therapy. The rationale for choosing to start with these professional groups was that degree apprenticeships (and therefore, WBM) are the two most established AHP areas allowing valuable previous experience to be captured.

Comparisons of the emergent themes from across the AHP groups will highlight commonality and profession specific nuances to allow recommendations to be made.

### 2.4 Ethical and Governance Considerations

The project was approved by Sheffield Hallam University Research Ethics Committee on 06 July 2023 [Converis ID ER55163654]. Participant invitation emails, information leaflets, consent forms and interview schedules were approved, and all participants were assured of anonymity, confidentiality and right to withdraw.

The study did not require NHS research ethics committee approval as it is categorised as service development and involves staff participants rather than patients or service users. Participants were invited to participate as university linked WBM.

Participants were given the opportunity to verify the accuracy of interview transcripts.

### 2.5 Methods

An initial stage devised a semi-structured interview schedule based on the literature review which was piloted prior to data collection. Data collection and analysis was undertaken by the principal and co-investigators.

#### *Sampling and participants*

The study focussed on the views of WBM supporting degree apprentices at Sheffield Hallam University. Purposive sampling was used to allow a diverse range of participants to be identified offering valuable insight. Comparisons were made to ensure any common themes across the sample were captured as well as any that were unique to one demographic group.

#### *Data collection*

Data collection took place in December 2023 and included online semi-structured interviews. All data collection has been supported by digital recording (with participant permission) and transcription. Transcriptions were analysed using a thematic analysis process (Braun and Clarke, 2006) which is a structured framework as recommended in descriptive qualitative research. The six stages proposed by Braun and Clarke were used to guide the analysis. Initial analysis of transcripts was followed with a second round of analysis to develop emergent themes.

Data collection through semi-structured interviews facilitated an in-depth exploration of the mentors' perceptions and expectations yielding rich qualitative data. Whilst it is acknowledged that other forms of data collection (for example, questionnaire surveys) would potentially allow a greater sample size to be reached in a shorter time period and would be cheaper, they are unlikely to provide the depth of responses required in this under researched area. The chosen method will also allow for comparisons across the AHPs to be made.

Eight interviews were undertaken using MS Teams and audio recorded. Digital transcription was used where possible and cross checked with the audio recording for accuracy. A professional transcription company was used for one audio recording due to the number of transcriptions anomalies.

Anonymised transcripts were stored on a secure drive only to members of the project team. Transcripts were redacted/anonymised where necessary to ensure confidentiality. All data will be stored for 10 years (University standard) for audit purposes (Sheffield Hallam University 2022).

### *Data Analysis*

Thematic analysis of the data was undertaken to identify emergent themes including familiarisation of the data, coding, reviewing and summarising each of the charted codes. Any similarities and differences between the participants will be identified as well as any similarities or differences between each data collection set.

Independent analysis of the transcripts within the project team was undertaken underpinned by a peer-debriefing approach to data analysis with an overall aim of enhancing rigour, credibility and trustworthiness.

## 3. Results

In this section, we present our thematic analysis of the data in three parts; 1) benefits of the WBM role, 2) challenges of the WBM role and 3) enablers of the WBM role. There were a number of sub-sections in each section:

**Figure 3: Study structure**



### 3.1 Benefits of the role of WBM

Benefits to apprentices included enhanced learning and progression opportunities. Mentors found the experience enjoyable and impactful on their own personal development, and reported positive impacts on the professional development of their wider teams.

#### **To the apprentices:**

The mentors spoke of the benefits to the apprentice that they supported. There was a sense of helping these individuals maximising their potential and skills, that would not be possible otherwise. Mentors reported feeling positive about the apprenticeship as a route into their professional, being highly supportive of it as a pathway for individuals and for work force development.

*I personally think it's a really [...] good pathway, because it combines the clinical experience plus the theoretical experience (WBM 4)*

*Enabled skilled, existing- sometimes long-term staff, to access opportunities for progression that otherwise wouldn't have access to (WBM 3)*

#### **To the mentor:**

There was strong agreement that mentors found the role enjoyable and rewarding, especially the satisfaction of seeing apprentices progress.

*I like to help people and nurture them and get the best out of them and maybe push them a little bit (WBM 1)*

*Seeing that - them progress really. Seeing the light come on. (WBM 2)*

*It's a privilege and an honour, isn't it? (WBM 5)*

Mentors felt connected to the success of the apprentices and valued the process of developing another individual to meet their potential.

Mentors reported impact on their own professional development. Some of this was a linear relationship with developing coaching and mentoring skills specifically, but the development of self was also noted. It was felt that it was a two-way learning experience.

*I think you've got to always acknowledge that you're always learning yourself. So actually it's that acknowledgement that we're learning from each other, very much in this scenario, (WBM 7)*

*we [...] often incorporate some of her additional learning into our practice (WBM 8)*

The positive benefits to the mentors of the experience was strongly reflected in the mentors responses to encouraging others to take on the role.

*Definitely do it (WBM 2)*

*Bite the bullet (WBM 5)*

*I would encourage (WBM 6)*

*Yeah do it, definitely (WBM 7)*

#### **To the wider community:**

Being in the mentor role was perceived to have greater benefits than just to themselves as individual mentors and the apprentice they supported. As one mentor explained, it was part of a profess that identified:

*that person could be an amazing therapist, and actually they're stuck where they are, and they're doing an amazing job, but actually not got their potential. That's massive. And also contributing, like I say to the workforce of the future and the profession (WBM 7)*

As well as such longer-term contributions, apprentices helped with caseloads and fostered resilience in the wider team. Engaging in workforce development with the apprentice had:

*a knock-on effect to what we should be doing to the rest of the staff really. it's a mutually beneficial setup for everybody (WBM 7)*

*I find that I can answer a lot of those questions about what I'm doing as a mentor, but also find that because I'm doing that, I tend to find other members of staff will come and ask me stuff.* (WBM 1)

Several of the participants reported feeling a greater link with the wider professional community by participating in mentoring.

## 3.2 Challenges of the role of WBM

However, WBM also faced challenges, including a lack of awareness of the nature of the WBM role, a lack of information and guidance, and organisational challenges.

### Preparation for and expectations of the role:

Mentors felt underprepared for the role, were unsure of the expectations of the role and felt under supported from the providers. There was a strong theme that mentors wanted more information and earlier. Mentors' initial understanding of the role was that it *'wasn't a managerial role'* (WBM 6) but instead a *'pastoral'* (WBM 7) or *'general wellbeing and kind of emotional support'* (WBM 6) role. In addition, mentors expected to help facilitate progression through the apprenticeship and act as a bridge between university and clinical practice. How they were intended to conduct this role, however, was often unclear.

As the apprenticeship progressed, mentors' views of the role changed. As WBM settled into the role, this heightened their sense of the limited support for the role initially offered. Development of the relationship with the mentee, a deepening understanding of the apprenticeship course, in particularly navigating learning and regularity of meeting, were the key to the development of the role.

*I think my role changed as [they've] progressed through. We knock ideas off each other a lot more* (WBM 7)

Where support and information were given to carry out the role by the university and wider organisation, it was often seen as inadequate, leading to clear frustration. Getting information to the right person at the right time was a challenge.

*some of the information was going to somebody in the Trust that was part of apprentices, but it wasn't necessarily being filtered down to therapy services, to the right people* (WBM 5)

Relatedly, along with a lack of information, WBM identified a lack of strategic co-ordination between teaching staff and mentors.

*it might be worth having something where it's just the sort of teaching staff and mentors rather than the mentee being there* (WBM 1)

### Organisational/resource challenges

Demands on time was cited as a challenge, with mentorship becoming another potential pressure. This, however, was not universal and others reported it was not a *'massive additional role'* (WBM 8).

Challenges emerged in developing effective relationships with mentees, regardless of whether the apprentice was part of the mentor's team. In physiotherapy and occupational therapy teams, there is no requirement stipulating the mentor and mentee should be within the same team. For those whose mentee was in the team there was discussion on how the apprentice was 'seen' in terms of role. It was acknowledged that it should be a distinct, developmental role but with pressures on team it was easy to forget this.

*There's a risk that the mentor can lose sight of that person being an apprentice, and start to see them just as a member of staff* (WBM 8)

One WBM recalled apprentices:

*sometimes just slip into the daytime job role* (WBM 4)

For others whose mentee was outside their team the challenge was more the 'separation' from the apprentice, especially a lack of internal feedback. It was suggested that the mentor should be *'someone more in their work setting'* (WBM 6).

### 3.3 Enablers of the role of WBM

Several ideas emerged that the mentors reported to enable them to be a successful mentor. These were often interpersonal attributes that were deemed important, as much of the role was seen as a facilitator of the apprentices' development via a strong mentor-mentee relationship. Some mentors discussed the organisational context that enhanced their ability to carry out the role whilst other comments related to the importance of peer support.

#### Interpersonal attributes

It was universally argued that personal attributes contributed to the success of the mentor-mentee relationship. Being open, honest, person centred, nurturing, supportive, patient and an advocate were all identified throughout our interviews as key attributes.

A desire to be a mentor, to support the development of the apprentice, and an openness to learning, were also highlighted as attributes critical to the success of the mentorship journey.

#### Professional skills and knowledge of the apprenticeship

A range of professional skills were cited as attributes that enhanced the ability to be successful with the role, particularly including being organised and the importance of time management. As one WBM described, *'time management is absolutely essential'* to ensure that apprentices don't *'just fall back into their role'* (WBM 4).

A working knowledge of the syllabus was seen as helpful, reinforcing again the need for consistent and available information between providers, employers, and mentors. Mentors reported that they wanted training from the university, giving them an understanding of what is expected from the role. Some mentors had not been able to access training or it was not available.

Mentors valued support within their organisations highly, such as practice learning teams and other mentors. Organisational communication was also important for success.

## 4. Discussion

As discussed in the literature review, WBM are recognised as important in supporting apprenticeships (Hirst, Short and Rinnee, 2014), although the exact definition of their role is unclear. IfATE indicate that the role is multifactorial including personal and professional development, pastoral support and well-being (2023a). The WBM within this study clearly saw their role within pastoral support and helping apprentices to manage work-life balance but were more unclear of other aspects during the initial phases. Roles and responsibilities need to be clear from the outset and the study highlights that WBM wanted early information to clarify expectations.

Clear resources and training will help mentors to feel more prepared, with participants indicating that this support needed to come from both education and training providers and their employers. Organisations need to understand the requirements of the WBM when allocating staff to this role, such that the mentor fully understands the task they have taken on. Meyer et al (2019) suggested that the WBM role can become blurred with clinical educator or supervisor roles with which AHP clinical staff are typically more accustomed to. IfATE (2023b) suggest that a mentor should be separated from a role that merely assesses competency and should be supporting the apprentice to grow and develop the knowledge, skills and behaviours needed for achievement of the apprenticeship standards. The WBM within this study indicated that communication within the mentoring context with the apprentice was key, with opportunities to meet regularly and monitor progression. WBM also recognised that their role developed over time. As expectations became clearer, they felt more able to help facilitate progression, particularly in supporting opportunities for work-based learning. Earlier support and training may be required for the WBM to enable deeper understanding of the role but also there should be recognition that this may change over time depending on the relationship and the learner's needs. National Institute of Health and Care Research (NIHCR) explained the role as having different stages, initially rapport building and setting purpose/goals is key, before then being able to explore development needs as the relationships progresses (2021). The participants highlighted that they felt more able to stretch apprentices and that the apprentices in turn challenged practice more as they developed confidence. The importance of ongoing mentor skills training to help foster KSB development in apprentices throughout the different stages of the apprenticeship is therefore essential. Currently WBM are reliant on universities and employers developing their own training, there are no standardised packages and a dearth of best practice guidance. With the expansion and growth within apprenticeships nationally and across AHP professions there is potential for nationally recognised, research-informed WBM training packages. This could include shared practice and opportunities for reflection on impact and ongoing development needs (IfATE, 2023b).

Guidance and standardisation of the role will also help to manage some of the challenges reporting by the WBM in this study such as recognition of the role within an organisation. There were mixed opinions about how much the role added pressure to their work, but early planning and resourcing was key. Some indicated that it was more challenging when mentoring and supporting someone outside of their own team when they were not able to see them in practice regularly. In contrast, some WBM highlighted that having a familiar apprentice in the team could actually be more challenging because the apprentice could be viewed as just a member of staff with loss of focus on the developmental aspects of the role. All of the WBM did agree that time was needed for the role to be effective with consideration of wider resourcing across teams and organisations to support this. All of the WBM believed that apprentices would value a mentor who was able to find and manage time to support them and so investing in this was key (Quew-Jones and Row, 2022). Roberts (2019) suggested that that a solution could be to have specifically designated mentoring roles and appointments within practice, where staff could be upskilled to deliver effective mentoring approaches. WBM in the study recognised the reciprocal value of team approaches to supporting apprentices, rather than it being one person's sole understanding and responsibility. Preparation and training as aforementioned is vital, but WBM did believe that certain skills and characteristics were also required for effective mentoring. WBM saw their role as pastoral and they believed that attributes such as be open, patient, nurturing and supportive were all desirable. This aligns

with interpersonal qualities suggested as being important in practice educators (Francis, 2016) and indeed one could argue, essential inherent attributes for all health care professionals. However, it is evident these are more highly developed in some individuals who may be better placed to undertake the roles.

The WBM in this study valued professional experience, seeing this as important in being able to appropriately guide apprentices. Cross (1995) did find that in clinical education professional knowledge became less important as students progressed and that an expert clinician may not always equate to being a good educator or mentor. However, the WBM in this study indicated it was less about the mentor being clinically competent but in being able to seek and facilitate learning opportunities for the apprentices. To be able to do this, a mentor needs to understand the professional requirements and expectations of the apprenticeships course. Roberts (2019) suggested five interconnected domains that were important aspects of mentorship, which included proactivity, facilitating workplace learning, and support with internal and external networks. The WBM indicated that the mentor therefore should have good links with the university, bridging the gap and that apprentices would want to feel that their mentor was informed and prepared. As mentioned earlier, some mentors did not feel adequately prepared at the start of their role and so this would negatively impact on the relationship unless addressed. Quew-Jones and Rowe (2022) recognised that a potential disconnect between academia and practice was a barrier to providing effective support. This does reinforce the need for clear expectations, roles and responsibilities of all parties at the start of the apprenticeship including the apprentice, mentor, employer and university staff.

All of the WBM interviewed in this study indicated that they had either volunteered or after being approached had agreed to mentor an apprentice. This would imply a high level of motivation in these individuals and possible selection bias, but not all felt experienced or had the necessarily skills, as some indicated that they had limited understanding of apprenticeships and lack of clarity about the role. Limitations of the study are that it does not measure effectiveness in mentoring and caution must be taken as the perceptions of the apprentices were not considered. However, a willingness and desire to take on the role was implied by the WBM as an important factor in success. Benefits from the role were clearly outlined not just to the apprentice but the WBM themselves and the wider community, something that is not widely acknowledged and could enhance uptake if promoted. Roberts (2019) suggests that if there is mutual respect in the mentor-mentee relationship then there can be joint learning and development for all. Some of the WBM identified that their whole team actually developed as a result of supporting an apprentice and their learning was mutually beneficial and helped them develop overarching principles of how-to better support and develop staff.

Although challenges were highlighted, all WBM recognised the benefits of the apprenticeship program and how their role contributes towards this. The mentors highlighted aspects such as widening participation and accessibility and valued their role in creating opportunities for people. They could see the positive impact this had on upskilling and career progression for the apprentices and the impact on workforce development within their organisations and for their professions. The NHS long term workforce plan (NHS, 2023) highlighted the significant contribution of apprenticeships in training the future workforce, suggesting around a third of all AHPs should train through apprenticeships by 2031/32.

Not only were the benefits of apprenticeships recognised by the WBM, they also saw them as beneficial to them individually. This included gaining a greater understanding of apprenticeships, supporting and developing others and enhancing general mentoring skills. The mentors described a sense of personal satisfaction in seeing others progress and great enjoyment in facilitating people to achieve the best they could, with a clear notion of this being a privilege to be able to fulfil. There was a resounding agreement that others should be encouraged to take on the role and they would definitely do it again. Using experienced and passionate mentors to champion, advocate and promote the role brings multifaceted benefits with Parsloe and Wray (2000) suggesting that a committed role model mentor can be invaluable in contributing to the achievement of organisational strategic goals.

## 5. Conclusion

There was resounding positivity from the participants in this study with regards to performing the work-based mentor role with a multitude of benefits highlighted for the WBM themselves, apprentices, service and wider community. There was recognition of the effectiveness of the apprenticeship model of training and education and the positive contribution they bring for the wider team and organisations. Mentors also described the mentor-mentee relationship as a two-way learning experience contributing to the WBM's own professional development.

However, there were also areas that were challenging about the role including preparation for undertaking the role with many of the participants feeling unprepared. The participants in this study recounted a lack of clarity around the expectations of the apprentices and their role as WBM and offered suggestions on how this could be improved.

This research revealed some synergies with the positive aspects of supporting students from the traditional clinical educator role and the work-based mentor role. However, there were important distinctions too and unique to WBMs having increased ownership of learning and supporting apprentices.

Mentors particularly emphasised the importance of personability, time management, and personal investment in the perpetuation of the values and skills of the profession in identifying criteria for a 'good' mentor.

This study highlights the previously unknown valuable attributes of the role as well as the benefits and challenges of undertaking it. It provides valuable insight into potential considerations required for future WBM. Further research is needed to explore the apprentices' perceptions as to what makes an effective WBM, which then can be triangulated to help recognise and promote the importance of the role, develop strategies to overcome organisational challenges and barriers and to facilitate best practice guidance in collaboration with HEIs and employing organisations. Future phases to this project include investigating the WBM role across other AHP, extracting emergent themes and exploring both the apprentice and employer perspectives.

## 6. Recommendations

From our evidence, this study makes the following recommendations.



It firstly recommends ensuring that WBM are adequately prepared and supported for the role prior to undertaking it. This could include formalising and clarifying the role expectations and providing the necessary resources and training jointly from the employing organisation and the training provider. This could be in the form of nationally standardised training packages and best practice guidance. In addition, further ongoing development opportunities specifically for WBM could be considered including mentorship skills development.

Increasing links and developing networks between the WBM and training providers should be considered, as well as between WBM themselves. This could be achieved through the provision of a shared platform for recording and sharing of evidence and opportunities for mentor peer dialogue. System or even regional WBM peer support communities of practice could be established to enhance this, providing opportunities to support and learn from each other.



The role is heavily reliant on WBM having adequate time to undertake the role effectively with consideration of wider resourcing across teams and organisations to support this being required. Evidence to support this could be provided through WBM showcasing and disseminating the benefits of the role to both individuals, and the wider benefits to teams and organisations.



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